



**Water Resources Program**  
**Request for Determination of Water Budget Neutrality**

☐ SURFACE WATER      ☒ GROUND WATER

Please ensure that the form is completely filled out.

Incomplete forms will lead to longer processing times, and may be rejected.

**Section 1. APPLICANT**

Applicant/Business Name: <u>RAY SHINABERGER</u>		Phone No: <u>360 769 2009</u>	Other No:
Address: <u>951 Bulman Rd S.E.</u>			
City: <u>Port Orchard</u>	State: <u>WA</u>	Zip: <u>98364</u>	
Email Address (optional):			

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: INSTALL WELL FOR CABIN

Anticipated length of time to complete your project: 1 YEAR

Is this for an existing use, established prior to July 16, 2009? \_\_\_ Yes X No

If yes, when was the water first regularly and beneficially used?

For Ecology Use	APPLICATION NO: <u>64-35654</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>0</u> Check No: <u>0</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____ By _____		Priority Date <u>11-12-2013</u> By <u>[Signature]</u> WRIA: <u>39 Kitt</u>



**Water Use:** List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic	200 GPD	0.06 AFY	Continuous/Y
<b>TOTAL:</b>	200 GPD	0.06 AFY	

\*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at:

<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

#### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake  
☐ Other: \_\_\_\_\_  
 Source Name: \_\_\_\_\_  
 Tributary to: \_\_\_\_\_  
 Number of proposed diversion points: \_\_\_\_\_  
 Do you have an existing diversion? ☐ YES ☐ NO

#### B.) If Ground Water Source

Do you have an existing well? ☐ YES ☒ NO  
☐ Well(s) ☐ Other: \_\_\_\_\_  
 Existing well diameter & depth: \_\_\_\_\_  
 If available, attach Water Well Report and pump test.  
 Well Tag ID No. \_\_\_\_\_  
 Number of proposed points of withdrawal: \_\_\_\_\_

#### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
23 14 35 020 0806	NE	NW	35	23	14	Kittitas
Lot(s)	Block(s)		Subdivision			
1						

If available, GPS (Global Positioning System) device location:

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ W

Datum and units (for example NAD83 and decimal degrees, etc): \_\_\_\_\_ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)



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Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
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### Section 3. POINT OF DIVERSION OR WITHDRAWAL

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A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: _____ If available, attach Water Well Report and pump test. Well Tag ID No. _____ Number of proposed points of withdrawal: _____

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ECY 070-371 (Revised 07/2011) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.



from the (☐NW ☐SW ☐NE ☐SE ☐ ) corner of Section \_\_\_\_\_.

**NOTE:** If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

#### Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

##### A.) Domestic Water Systems only

Projected number of connections to be served:

1

Type of connections:

REC. CABIN  
(e.g., home, recreational cabin)

##### B.) Municipal Water Systems only

(defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:

(20 year projection)

##### C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: \_\_\_\_\_

Name of water system: \_\_\_\_\_

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: \_\_\_\_\_

##### D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic



from the (☐NW ☐SW ☐NE ☐SE ☐ ) corner of Section \_\_\_\_.

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Note: You may wish to refer to the online water use calculator for example consumptive use calculations:  
<http://www.ecy.wa.gov/programs/wr/cro/wtrchgng.html>  
Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

### Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

1/4	1/4	Section	Twp.	Range	County	Parcel No.
NE	NW	35	23	14	Kittitas	2314.35020-0006

### Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

RAY SHINABERGER

Print Name  
(Applicant or authorized representative)

Ray Shinaberger

Signature

11-06-2013

Date

RAY SHINABERGER

Print Name  
(Land Owner, if seeking to use the ground water exemption)

Ray Shinaberger

Signature

11-06-2013

Date

Submit this form to:

DEPARTMENT OF ECOLOGY  
WATER RESOURCES PROGRAM  
CENTRAL REGIONAL OFFICE  
15 W. YAKIMA AVE, SUITE 200  
YAKIMA, WA 98902-3452